Is it a Case of Reactive Arthritis?

To the Director: Reactive arthritis (ReA) is a disease that is typically presented by young males in which a suspected or demonstrated microorganism produces an infection (gastrointestinal or urogenital) that, after a short latency period, is followed by a heterogeneous clinical process which is immunologically mediated, that has as a cardinal manifestation the asymmetrical, additive, sudden-onset inflammation of joints (oligoarthritis or polyarthritis), mainly in lower extremities. Can we call it ReA? Also, probably yes. In favor of this diagnosis we would have the characteristic arthropathic pattern as was the clinical picture that preceded it. Nonetheless, we mustn’t underestimate the fact that in our country the venereal form of the disease is less frequent than the dysenteric form, and that dysuria is a very unspecific symptom, present in multiple urologic processes, at the same time that E. coli is not one of the microorganisms that has a causal relationship with this entity, though it is also true that in a large percentage of cases the unleashing microorganism cannot be identified.

On the other hand, the presence of the fistula forces us to make a differential diagnosis with an arthritis related to inflammatory intestinal disease, even though there are no specific symptoms of this disease. An HLA-B27 could be helpful to increase the force of the relationship, in the same way that a pathologic sacroiliac joint x-ray might be, without forgetting that previous is not a pathognomonic finding nor is the latter present in short term processes. In this manner, the question remains unanswered.

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References